

EXHIBIT 7
DATE 2-9-07
HB 2

February 8, 2007

TO: Members, Health and Human Services Subcommittee

FROM: Joyce De Cunzo, Administrator
Addictive and Mental Disorders Division

RE: Language for New Program Funding

At your request, I have developed draft language for HB2, which describes the programs you funded today and what we believe you expect to see from these programs. They do not yet have DP numbers so are identified by program name. In a separate memorandum, Deb Matteucci will submit similar write-ups for the programs related to Department of Corrections parolees/discharges.

I'm unsure if each of these new proposals requires the development of goals and objectives or the justification template. If they do, I'll be happy to supply those.

Drop-In Centers and Peer Support: Drop-in centers are designed to reduce the need for higher cost treatment for indigent individuals who have a mental illness and to prevent homelessness. The centers provide a safe environment/site that is open 3-5 days a week for 4-8 hours per day, serving 50-75 individuals per day. They provide on-site case managers who help participants connect to appropriate medical services, employment, housing and other community services necessary for their health and safety. Peer support is a paid service provided by consumers who have a mental illness and who have been trained to work with other people who have mental illnesses. This DP provides \$500,000 general fund in each year of the biennium to partially fund 7 drop-in centers and to provide training for up to 60 consumers each fiscal year to perform peer specialist duties.

Behavioral Health Inpatient Facility (BHIF): A BHIF is designed to provide secure inpatient care in community facilities with no more than 16 patients. They provide crisis stabilization, assessment and treatment for a defined time, not more than 45 days. BHIF care is a Medicaid payable service. The intent of the committee is that \$3,000,000 in general fund is available for the development of one BHIF in SFY09, for the service benefit, not for construction of a facility.

Suicide Prevention Program: Montana has the second highest rate of suicide in the nation yet there is not a coordinated program for suicide prevention. This DP provides \$400,000 general fund in each year of the biennium to implement a comprehensive suicide prevention program, including a suicide prevention officer, a comprehensive suicide reduction plan and a 24-hour suicide prevention hotline.

Expand Mental Health Services Plan (MHSP): The MHSP serves individuals who have Severe Disabling Mental Illness, income no greater than 150% of the federal poverty level and who are not eligible for Medicaid. Current services include case

management, psychiatric medication management, pharmacy, lab, day treatment, psychiatry and limited outpatient visits and community based psychosocial rehabilitation. This DP provides \$3,500,000 in general fund for each year of the biennium. It is the intent of the committee that enhanced funding for this program will:

- serve individuals not currently receiving services;
- be provided on a fee-for-service basis;
- allow participants to choose any willing and enrolled provider;
- serve individuals who are released from the Montana State Hospital or are referred on the basis of suicide ideation as a priority population; and
- provide data collection and analysis by the Department to determine number of new enrollees, per person costs, number of individuals served who are discharged from the Montana prison system and percent of increased service delivery over SFY07 data.

Community Liaison Officers: This DP provides \$145,000 State Special Revenue each year of the biennium for 2.5 staff in the Addictive and Mental Disorders Division. This staff will provide focused re-entry support services, including assistance in accessing community services, to persons who are discharged from Montana State Hospital. The positions will be filled with individuals who have a primary diagnosis of mental illness and are certified peer specialists. The goal of this service is to reduce readmissions to Montana State Hospital at 30 and 60 day intervals, as a result of assisted re-integration to community settings.